

# SPECIAL CLAIMS PROCESS (UB-04 INSTITUTIONAL)



# DISCLAIMER

- SoonerCare policy is subject to change.
- The information included in this presentation is current as of October 2020.
- Stay informed with current information found on the OHCA public website: [www.okhca.org](http://www.okhca.org) by signing up for web alerts.

# CLASS DESCRIPTION

This class is an overview of the recent ‘Special Process’ feature now included on the Provider Portal. As OHCA continues the “Going Green” initiative, if a claim requires Special Processing using the HCA-17, this action can now be completed and submitted on the Sooner Care Provider Portal. We will discuss and demonstrate the process of completing a claim for Special Processing via the Provider Portal. This class will not cover policy or other types of claim submission.

# AGENDA

- Special processing defined
- Important notes
- Special processed claim examples
- Claims that don't require special processing
- Special process submission
- Reminders
- Questions

# SPECIAL PROCESSING DEFINED

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- A Special Processed claim is a claim that has been previously submitted but all or a portion of the claim has been denied.
- Certain claim denials can be appealed using the special processing feature through the provider portal.
- Additional documentation must be submitted to support the appeal. This includes the HCA-17A form.

# IMPORTANT NOTES

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- Beginning Nov. 2, 2020, special processed claims will be accepted through the OHCA secure provider portal using the HCA-17A function.
- Paper claims that require special processing will no longer be accepted as of Dec. 31, 2020.
- Effective Jan. 1, 2021, special processed claims must be submitted using the provider portal HCA-17A function.

# IMPORTANT NOTES

- Special processed claims are reviewed on an individual basis and are not guaranteed payment.
- Supporting documentation is required for all special processed claims. This includes the HCA-17A form.
- Documentation must be uploaded. Faxed or mailed attachments for the HCA-17A process will not be accepted.

# IMPORTANT NOTES

- Claims must be filed within the first six months from the date of service to establish timely filing.
- Timely filing proof is considered a claim from the OHCA secure provider portal that reflects the ICN and line item details or a copy of an OHCA Remittance Advice with the same information.
- Examples provided in the presentation are not an all-inclusive list.

# SPECIAL PROCESSED CLAIM EXAMPLES

# UB-04 INSTITUTIONAL CLAIMS

- Service dates not in the same month.
- Multiple outpatient visits on the same day.
  - Documentation for both visits are required.
  - Must include admission times.

# UB-04 INSTITUTIONAL MEDICARE CROSSOVER CLAIMS

- Multiple Medicare Crossover claims on the same day:
  - Same billing group.
  - Same CPT/HCPC code.
- Medicare non-covered services:
  - Only payable if Medicare denial is appropriate and service is covered under OHCA policy.

# UB-04 INSTITUTIONAL MEDICARE CROSSOVER CLAIMS

- No Part A Medicare Coverage:
  - Part B charges must be billed to Medicare and Medicaid.
- Medicare exhausted days:
  - Medicare Part A EOB denial indicating days are exhausted.
  - Medicare Part B charges must be paid by Medicaid prior to submitting for exhausted days.
  - Medicare Part B EOB required.

# OTHER EXAMPLES

- A claim past the timely filing limit can be submitted for special processing if it meets one of the four following criteria:
  - Administrative agency corrective action or action taken to resolve a dispute.
  - Reversal of the eligibility determination.
  - Investigation for fraud or abuse of the provider.
  - Court order or hearing decision.

CLAIMS THAT DON'T REQUIRE  
SPECIAL PROCESSING

# CLAIMS THAT DON'T REQUIRE SPECIAL PROCESSING

- Split Eligibility.
- Third Party Liability.
- Soon-to-be-Sooners.
- Claims within standard timely limit.
- Medicare crossovers (covered services).
- Claims filed with incomplete supporting documentation.
- Claims where a procedure is performed prior to admit date.

SPECIAL PROCESS  
SUBMISSION

# SPECIAL PROCESS SUBMISSION

Oklahoma Health Care Authority

[My Home](#) [Eligibility](#) **[Claims](#)** [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) [Letters](#) [Reports](#) [Resources](#)

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Submit Claim Pharm](#) | [Search Payment History](#)

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Claims

**Claims**

- ▶ [Search Claims](#)
- ▶ [Submit Claim Dental](#)
- ▶ [Submit Claim Inst](#)
- ▶ [Submit Claim Prof](#)
- ▶ [Submit Claim Pharm](#)
- ▶ [Search Payment History](#)

Select the **Claims** tab then **Submit Claim Inst**.

# SPECIAL PROCESS SUBMISSION

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[Claims](#) > [Submit Claim Inst](#)

**Submit Institutional Claim: Step 1** ?

\* Indicates a required field.

<b>Claim Type</b>	<b>Inpatient</b>
	Crossover Inpatient
	Outpatient
	Crossover Outpatient
	Home Health
	Long Term Care

**Provider Information**

Select the **Claim Type** based on the services rendered.

# SPECIAL PROCESS SUBMISSION

Oklahoma  
**HealthCare**  
Authority

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[Claims](#) > [Submit Claim Inst](#)

**Submit Institutional Claim: Step 1** ?

\* Indicates a required field.

Claim Type

**HCA-17**

Select the **HCA-17** drop down and choose 'Yes'.

# SPECIAL PROCESS SUBMISSION

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[Claims](#) > [Submit Claim Inst](#)

### Submit Institutional Claim: Step 1

\* Indicates a required field.

Claim Type

HCA-17

**These claims will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.**

Please note, the claim will require a COMPLETED HCA-17A and applicable attachments to be uploaded upon submission.

# SPECIAL PROCESS SUBMISSION

Provider Information			
If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.			
Billing Provider ID	Contract Code	ID Type	Name
Zip Code	Taxonomy	SC Provider Number	
Institutional Provider ID	<input type="text"/>	ID Type	NPI <input type="text"/>
Attending Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Operating Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>

**Provider Information** – Enter the provider information if required based on the service provided.

# SPECIAL PROCESS SUBMISSION

Patient Information			
Enter the Member ID. If Member ID is valid, the rest of the member information will populate.			
<b>*Member ID</b>	<input type="text"/>		
<b>Last Name</b>		<b>First Name</b>	<b>Middle</b>
<b>Birth Date</b>			

**Member ID** – Enter the member’s SoonerCare ID number.

# SPECIAL PROCESS SUBMISSION

### Claim Information

Enter information applicable to the claim. If Other Insurance information needs to be entered, then Include should be selected in the Other Insurance dropdown. The Other Insurance details can be entered on Submit Step 2.

<b>*Covered Dates</b> ⓘ	<input type="text"/> ⓘ - *	<input type="text"/> ⓘ	<b>Covered Days</b>	<input type="text"/>	
<b>*Admission Date/Hour</b> ⓘ	<input type="text"/> ⓘ -	<input type="text"/> (hh:mm)	<b>Discharge Hour</b> ⓘ	<input type="text"/> (hh:mm)	
<b>*Admission Type</b> ⓘ	<input type="text"/>			<b>*Admission Source</b> ⓘ	<input type="text"/>
<b>*Admitting ICD Version</b>	ICD-10-CM ▾			<b>*Admitting Diagnosis</b> ⓘ	<input type="text"/>
<b>*Patient Status</b> ⓘ	<input type="text"/>			<b>*Type of Bill</b>	<input type="text"/>
<b>Patient Account Number</b>	<input type="text"/>			<b>Other Insurance</b>	None ▾
<b>HMO Copay</b>	No ▾			<b>Total Charged Amount</b>	\$0.00

**Continue** 

**Claim Information** - Complete required fields, if applicable. Click **Continue** to proceed to Step 2.

# SPECIAL PROCESS SUBMISSION

### Diagnosis Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	ICD Version	Diagnosis Code	POA	Action
<u>1</u>				

1      \*ICD Version       \*Diagnosis Code

Present on Admission



### Emergency Diagnosis Code

Only one emergency diagnosis code is allowed per claim.

ICD Version       Diagnosis Code

**Diagnosis Codes** – Enter the ICD-10 diagnosis code without the decimal point then click **Add**. Repeat the same step to add additional diagnosis codes if needed.

# SPECIAL PROCESS SUBMISSION

**Condition Codes**

Click the **Remove** link to remove the entire row.

#	Condition Code	Action
1		

1 \*Condition Code

[Add](#)

**Occurrence Codes**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Occurrence Code	From Date	To Date	Action
<u>1</u>		-	-	

1 \*Occurrence Code  \*From Date   To Date

[Add](#)

**Condition Codes & Occurrence Codes – Enter if applicable.**

# SPECIAL PROCESS SUBMISSION

### Value Codes

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

#	Value Code	Amount	Action
<u>1</u>			

1      \*Value Code       \*Amount

[Add](#) 

### Surgical Procedures

Operating Provider is required to be entered back on Step 1 to allow for entry of surgical procedure codes within this panel.

[Back to Step 1](#)      [Continue](#) 

**Value Codes** – Required, if applicable. Click **Add** and select **Continue** to proceed to Step 3.

# SPECIAL PROCESS SUBMISSION

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1							

1 \*Revenue Code  HCPCS/Proc Code

Modifiers

From Date   To Date   \*Units  \*Unit Type

DMH Contract Source  Charge Amount

[Add](#) 

**Service Details** – Enter line items of the services. Click **Add**.

# SPECIAL PROCESS SUBMISSION

**Attachments**

Click the **Remove** link to remove the entire row.

**Instructions for submission of HCA-17 claims MUST be followed. Please read carefully.**

**Required Attachments to be uploaded MUST include:**

- Completed [HCA-17A Form](#)
- All Supporting documentation for review



**Attachment Indicators(below) MUST include:**

- Transmission Method: File Transfer
- Attachment Type: 77-Support Documentation for Verification
- Description: **e.g. Duplicate services on same day or Medicare non - covered services**

- **Attachments** – Required attachments to be uploaded:
  - Completed HCA-17A Form.
  - All Supporting documentation for review.

# HCA-17A

- The HCA-17A form must be uploaded as an attachment.
- Provider Number, Member Demographics, Date of Service must match the claim submission.
- Related ICN must reflect a previously submitted claim.

STATE OF OKLAHOMA  
OKLAHOMA HEALTH CARE AUTHORITY  
**PROVIDER PORTAL CLAIM APPEAL AND REVIEW COVER SHEET**

**THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT**

This cover sheet is **ONLY** for claim appeals sent via the Provider Portal. Please include original information and ANY additional documentation to support your request along with this cover sheet. A completed cover sheet and supporting documentation is required for each appeal.

**PROVIDER INFORMATION**

Provider Name and Address: <input type="text"/>	Provider Number: <input type="text"/>
	Group Number: <i>(if applicable)</i> <input type="text"/>
	Telephone: <input type="text"/>

**CLAIM INFORMATION**

Member Name	Member ID Number	Date of Service	Related ICN

**INQUIRY:** (Please list specific reasons why claim needs/requires special processing.)

Contact Name <i>(printed)</i> : <input type="text"/>	Date: <input type="text"/>
Phone Number: <input type="text"/>	
Email Address: <input type="text"/>	

For Internal Use Only <input type="text"/>	<b>THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT</b>
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OKLA HCA Revised: 8/20/20 HCA-17A

# SPECIAL PROCESS SUBMISSION

PROVIDER INFORMATION	
Provider Name and Address: SoonerCare Provider 4345 N. Lincoln Blvd Oklahoma City, OK 73105	Provider Number: 100000000A  Group Number: 200000000A <i>(if applicable)</i>  Telephone: (405) 867-5309

- **Provider Name & Address** – Group or individual provider.
- **Provider Number** – Rendering provider SoonerCare ID.
- **Group Number** – Billing group SoonerCare ID.
- **Telephone** – Telephone number.

# SPECIAL PROCESS SUBMISSION

PROVIDER INFORMATION			
Provider Name and Address: SoonerCare Provider 4345 N. Lincoln Blvd Oklahoma City, OK 73105		Provider Number: 100000000A	
		Group Number: 200000000A <i>(if applicable)</i>	
		Telephone: (405) 867-5309	
CLAIM INFORMATION			
Member Name	Member ID Number	Date of Service	Related ICN
Suzie SoonerCare	0123456789	10/5/2020	230123456789

- **Member Name & ID Number and Date of Service** – Must match claim submission.
- **Related ICN** – Must reflect a claim was previously submitted.

# SPECIAL PROCESS SUBMISSION

CLAIM INFORMATION			
Member Name	Member ID Number	Date of Service	Related ICN
Suzie SoonerCare	0123456789	10/5/2020	230123456789
<b>INQUIRY:</b> (Please list specific reasons why claim needs/requires special processing.) Two ambulance runs on the same day - See attached documentation that supports both runs			

**Inquiry** – List specific reasons why the claim needs or requires special processing.

# SPECIAL PROCESS SUBMISSION

Contact Name <i>(printed)</i> : James Bond	Date: 10/5/2020
Phone Number: (405) 867-5309 xt. 123	
Email Address: jamesbond@okhca.org	
For Internal Use Only LEAVE BLANK	<b>THIS COVER SHEET MUST BE UPLOADED AS AN ATTACHMENT</b>
OKLA HCA Revised: 8/20/20	HCA-17A

- **Contact Name, Phone Number & E-mail Address** – Must belong to the person submitting the special processed claim.
- **Date** – When the special processed claim is submitted.
- **For Internal Use Only** – Leave blank.

# SPECIAL PROCESS SUBMISSION

- Supporting documentation examples may contain, but are not limited to:
  - HCA-17A form.
  - Proof of timely filing.
  - Explanation of Medicare benefits (EOMB).
  - DHS Letter of retro-eligibility determination.
  - Documentation that supports medical necessity.

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#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="+"/>	Click to add attachment.				

Click the + sign to add attachments.

# SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
☐ Click to collapse.					
	<b>*Transmission Method</b>	FT-File Transfer ▼			
	<b>*Upload File</b>	<input type="text"/>			Browse...
	<b>*Attachment Type</b>	<input type="text"/>			
	<b>Description</b>	<input type="text"/>			
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>			

- **Transmission Method –**
  - FT-File Transfer (electronic upload).
  - Up to 10 MB.
  - Accepted file types: JPEG, PDF, TIF, XPS.

# SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
*Transmission Method <input type="text" value="FT-File Transfer"/>					
*Upload File <input type="text"/> <input type="button" value="Browse..."/>					
*Attachment Type <input type="text"/>					
Description <input type="text"/>					
<input type="button" value="Add"/> <input type="button" value="Cancel"/>					

- **Attachment Type** – 77-Support Documentation for Verification.
- **Description** – Duplicate services on same day or Medicare non – covered services.

# SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
	*Transmission Method	FT-File Transfer			
	*Upload File	C:\Users\... \medicalrecord.pdf		Browse...	
	*Attachment Type	77-Support Data for Verification			
	Description	Duplicate services on same day			
	<a href="#">Add</a>				
<a href="#">Back to Step 1</a>		<a href="#">Back to Step 2</a>		<a href="#">Submit</a>	<a href="#">Cancel</a>

Click Add to attach the documentation.

# SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<a href="#">1</a>	FT-File Transfer	medical record.pdf	20201016801075	77-Support Data for Verification	<a href="#">Remove</a>
<a href="#">2</a>	FT-File Transfer	HCA-17A Cover Sheet Form.pdf	20201016691153	77-Support Data for Verification	<a href="#">Remove</a>

Click to add attachment.

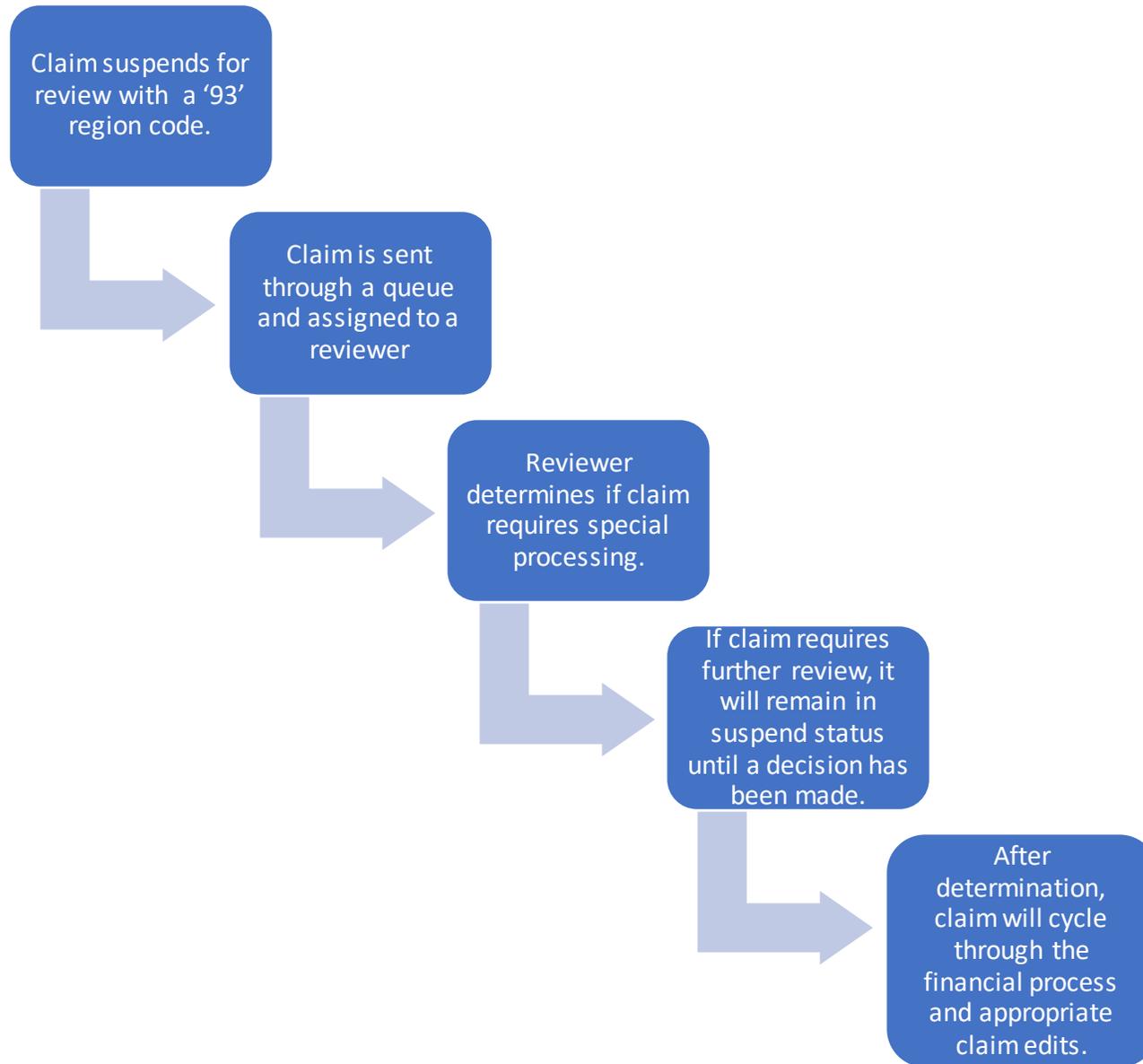
Multiple attachments can be added to the claim but must be the same file type.

# SPECIAL PROCESS SUBMISSION

#	Transmission Method	File	Control #	Attachment Type	Action
<a href="#">1</a>	FT-File Transfer	medical record.pdf	20201016801075	77-Support Data for Verification	<a href="#">Remove</a>
<a href="#">2</a>	FT-File Transfer	HCA-17A Cover Sheet Form.pdf	20201016691153	77-Support Data for Verification	<a href="#">Remove</a>
<input type="checkbox"/> Click to add attachment.					
<a href="#">Back to Step 1</a>		<a href="#">Back to Step 2</a>		<a href="#">Submit</a>	



Click **Submit** once all documentation is added.



REMINDERS

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**OKLAHOMA**  
Health Care Authority

## GET IN TOUCH

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105

[okhca.org](http://okhca.org)  
[mysooner care.org](http://mysooner care.org)

Agency: 405-522-7300  
Helpline: 800-987-7767

